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For action

Recommendation for funding for a short-duration country programme**

Botswana

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Botswana with a duration of three years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $2,073,000 from general resources, subject to the availability of funds, and $1,782,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 2000 to 2002.

* E/ICEF/1999/15.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

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Basic data

(1997 unless otherwise stated)

Child population (millions, under 18 years)	0.8
U5MR (per 1,000 live births)	49
IMR (per 1,000 live births)	39
Underweight (% moderate and severe) (1996)	17
Maternal mortality rate (per 100,000 live births) (1991)	300
Literacy (% male/female) (1995)	70/75
Primary school enrolment (% net, male/female) (1996)	82/86
Primary school children reaching grade 5 (%) (1994)	89
Access to safe water (%) (1990)	90
Routine EPI vaccines financed by Government (%)	100
GNP per capita (US$)	3 260
One-year-olds fully immunized against:	
tuberculosis	59 per cent
diphtheria/pertussis/tetanus	76 per cent
measles	79 per cent
poliomyelitis	80 per cent
Pregnant women immunized against tetanus	49 per cent

The situation of children and women

1. The update of the situation analysis, with time-series data from the 1997 *Botswana Human Development Report*, supplemented by the 1996 Botswana Family Health Survey, suggested that national child survival indicators and life expectancy at birth were virtually frozen at their 1991 levels. There was no evidence of the positive trends witnessed in the 1971/81 and 1981/91 inter-censal periods despite progressively greater access to health services.

2. The current HIV/AIDS epidemic is considered to be the main contributing factor to the observed stasis, as Botswana has one of the fastest-growing infection rates and one of the highest HIV prevalence rates in the world. The National AIDS Control Programme estimates that 29 per cent of the sexually active population (15-49 years old) and 17 per cent of the general population were HIV-positive in 1997; and, in the same year, 39 and 43 per cent of pregnant women attending sentinel antenatal clinics in Gaborone and Francistown, respectively, were HIV-positive — 29 per cent between 15 and 19 years of age. The 1997 Case Notification Report revealed that youth 15-29 years old represented 37 per cent of reported symptomatic cases, the majority of whom were women. It is estimated that almost 54,000 children under four years old were HIV-positive in 1997, more than 39,000 of whom had AIDS. It is projected that there will be 65,000-70,000 children orphaned as a result of AIDS by the year 2000, and that by 2010, 35-40 per cent of all children under 15 years old will have lost one or both parents — 85-95 per cent of them due to AIDS.

Programme cooperation, 1995–1999

3. Revised extensively at an early mid-term review in November 1996 aimed at addressing new priorities, a decline in general resources and bilateral aid programmes, the 1995–1999 programme of cooperation was based on Botswana's National Programme of Action (NPA) for Children: 1993–2003, which embraces the Convention on the Rights of the Child. Its main thrust was to provide innovative, cost-effective solutions to existing and newly emerged problems on the understanding that, if proven successful according to mutually agreed criteria, they would be translated into national policy and programmes using available local resources.

4. UNICEF supported the initiation of Botswana's first programme for the prevention of mother-to-child transmission of HIV (MTCT/HIV), with two pilot centres in Gaborone and Francistown, which will be taken to

national scale during the new bridging programme. This initiative was a follow-up to the development of safe motherhood manuals for clinics and health posts, with special emphasis on essential obstetric care. UNICEF also initiated the first collaborative United Nations programme in "adolescent-friendly" sexual and reproductive health (ARH) when it held the rotating chair of the Joint United Nations Theme Group on HIV/AIDS. This laid the groundwork for two different delivery models at the Gaborone Youth Clinic and at the Diphalana Community Day Care Centre. A new undertaking in sanitation and hygiene produced an affordable latrine model, which could be built with local resources, and introduced community-based hygiene promotion. The managerial capacities of district health teams (DHTs) were strengthened to improve the quality of essential health services through the introduction of a training methodology based on problems identified and analysed by the DHTs themselves.

5. Through its advocacy efforts and heightened profile, the basic education programme contributed to new approaches for the children of remote area dwellers (RADs) and pregnant students, the two groups which account for most of the 17 per cent of non-enrolled children and female drop-outs, respectively. UNICEF initiated an early childhood development programme for RAD communities. In addition, with architectural designs provided through its private sector initiative project, *Molaletsa*, UNICEF helped to mobilize almost $4.5 million from the Government for the construction and equipping of 50 new RAD hostels at primary boarding schools. In order to enable pregnant students to continue their basic education and, at the same time, meet commercial demand, a model community day-care centre was constructed in Mahalapye. The facility will accommodate the children of students and faculty of Pekenene Junior Secondary School and also serve as a living classroom to teach parenting skills, an after-hours learning centre and an adolescent-friendly sexual and reproductive clinic operated by the district health authorities. This project has already led to the reform of the regulation which obliged pregnant students to drop out and then reapply for admission to a different school 12 months after the birth of their babies.

6. UNICEF helped to establish the framework for Botswana's first National Orphans Programme; contributed to the review of existing legislation, which will lead to the formulation of a comprehensive National Orphans Policy derived from the Convention on the Rights of the Child; and assisted the Government to prepare its submission on compliance with the Convention to the United Nations Committee on the Rights of the Child. In order to offer the Government a range of cost-effective programme options, two pilot orphan care projects were initiated: one in Bobirwa, based on the Government contracting out essential services to a community-based organization; and the other in Mogoditshane, based on a low-cost, community-based variant of the group home concept.

7. The community-based "triple A" (assessment/analysis/action) approach, initially introduced by UNICEF to address nutrition-related issues, was made the cornerstone of the Government's Community-Based Strategy for Rural Development in 1997. Its institutionalization has been strengthened by the production of a user's manual, and district extension teams have been trained in its application. To date, it has been especially effective in bringing teachers and parents into closer collaboration around children's education.

8. One of the most noteworthy accomplishments of the 1995–1999 programme was the *Molaletsa* project. Begun as an effort to enlist a new, permanent societal force in support of the NPA, *Molaletsa* is predicated on the principle of corporate social responsibility, viewing the business community as the repository of unique capacities and skills which could be mobilized in support of Botswana's NPA rather than as merely a source of corporate philanthropy. To date, official corporate NPA partnerships have been established with over 120 local companies, the monetized value of whose in-kind contributions amounts to almost $500,000, leveraging a further $11.4 million largely from the Government.

9. Collaboration within the United Nations system has been extensive: with the World Health Organization (WHO) in MTCT/HIV, immunization and the Integrated Management of Childhood Illnesses (IMCI); with WHO and the United Nations Population Fund (UNFPA) in safe motherhood and, with the addition of the United Nations Educational, Scientific and Cultural Organization (UNESCO), in the development of a life skills curriculum, with a stronger focus on sexual and reproductive health and AIDS prevention; with all the resident agencies and, in particular, with the United Nations Development Programme (UNDP), in strengthening institutional capacity to report on compliance with international Conventions and in support of the National Poverty Study; and, in the first such coordinated undertaking, with WHO, UNFPA and UNDP in ARH services.

10. Despite the termination of virtually all bilateral aid programmes in Botswana, UNICEF continued to benefit from financial support from the Swedish International Development Authority (orphans, sanitation and hygiene), the Governments of Norway and New Zealand (basic

education for RADs and pregnant students), and the Netherlands Development Organization (orphan/home-based care). UNICEF also counted over 120 local companies and over 35 local non-governmental organizations (NGOs) and community-based organizations as partners, as well as the Gaborone and Tirelo Rotary Clubs. External partners included Statistics Norway in health management information systems, and the United States Centers for Disease Control and Prevention and the Harvard AIDS Institute in MTCT/HIV.

Lessons learned

11. The main lesson learned from past programme cooperation is that the lead time required for project development and implementation has been significantly longer than originally anticipated given the complexity and sensitivity of the issues addressed and the need to build consensus among a wide range of divergent stakeholders. Other lessons have highlighted the need to: (a) develop participatory monitoring and evaluation tools for the triple A process, which should itself be linked to concrete interventions for which required resources are available; (b) concentrate direct UNICEF involvement in a smaller geographic area; (c) respond to the lack of institutional capacity in reporting to the international community on all of the Conventions to which Botswana is signatory with a more comprehensive United Nations system approach; (d) translate the Convention on the Rights of the Child into Setswana, relate its provisions to Tswana culture and enlist traditional leadership in its promotion; (e) involve central- and district-level planning officers in the process of intervention design at an earlier stage in order to meet expenditure targets; and (f) regularly review and update the capacity of partners to spend funds and execute planned activities.

12. Lessons learned have also included validation of the following: (a) the core operational strategy of "assess-analyse-pilot-demonstrate-mainstream"; (b) the use of the limited financial means of UNICEF as seed money to leverage additional resources; (c) the disaggregation of national indicators of children's well-being according to gender and geography in order to target disparities; and (d) exploiting corporate social responsibility to mobilize the unprecedented involvement of local business in child survival and development.

Recommended programme cooperation, 2000–2002

Estimated annual expenditure

(In thousands of United States dollars)

	2000	*2001*	*2002*	*Total*
General resources				
Health	180	168	131	479
Basic education	122	113	113	348
Child protection	114	126	129	369
Social mobilization	122	122	122	366
Cross-sectoral costs	189	161	161	511
Subtotal	**727**	**690**	**656**	**2 073**
Supplementary funding				
Health	324	214	187	725
Basic education	143	133	98	374
Child protection	174	168	148	490
Social mobilization	70	65	58	193
Subtotal	**711**	**580**	**491**	**1 782**
Total	**1 438**	**1 270**	**1 147**	**3 855**

Programme preparation process

13. A decision was taken to prepare a three-year bridging programme primarily in response to the 1997–2003 Country Strategy Note, which commits all resident United Nations agencies to harmonize their programme cycles with each other and with Botswana's rolling five-year national development plans (NDPs) beginning in 2003 when NDP 8 terminates. Botswana's NPA, which addresses UNICEF short-term priorities and medium-term plan (E/ICEF/1998/13 and Corr.1), and which serves as the basis for the country programme of cooperation, covers the period 1993–2003. Following the updating of the 1993 situation analysis, a country programme strategy paper was formulated and discussed with the Government, 10 key NGO partners and selected private sector representatives during the annual review meetings in November 1998. The sectoral objectives and strategies for the 2000–2002 programme of cooperation were endorsed in writing by each relevant line ministry.

Programme goals, objectives and strategies

14. The overall goal of the new programme of cooperation is to contribute to the realization of Botswana's NPA for Children, which includes the principles of the Convention on the Rights of the Child, and to arrest the spread and mitigate the impact of HIV/AIDS as a precondition for the achievement of the NPA. The programme objectives in support of these goals are to: (a) reduce the HIV infection rates in children and adolescents by at least 30 per cent; (b) strengthen institutional and community capacity to respond to common childhood illnesses and HIV/AIDS; (c) provide, as a universal right, uninterrupted, quality basic education which enables children, especially adolescents, to remain free of HIV infection; (d) ensure that the Convention finds full realization among children and youth at special risk due to HIV/AIDS; and (e) contribute to instilling the principles of the Convention throughout Botswana society and the mobilization of all sectors in its observance.

15. The main strategy is to establish dedicated HIV/AIDS projects addressing issues consistent with the UNICEF mandate and its comparative advantage and regional short-term priorities, and to ensure that all sectoral projects address HIV/AIDS in their respective domains. Three principal operational strategies will be used to achieve the programme objectives: (a) "assess-analyse-pilot-demonstrate- mainstream", to provide the Government with cost-effective innovative solutions to inform national policy and programmes; (b) social mobilization, to broker multi-partite "smart partnerships" for children, promote the Convention on the Rights of the Child and leverage additional resources; and (c) the use of appropriate training methodology and management information systems, to enhance the ability of local institutions to execute and monitor their functions more effectively and the triple A approach to strengthen the capacity of communities and families to respond to critical issues such as the care of AIDS orphans.

Health

16. The sexual and reproductive health of women and adolescents, especially the transmission of HIV and other sexually transmitted infections, constitutes a major focus. Two pilot projects will be taken to national scale: MTCT/HIV, as part of a safe motherhood programme, including an information, education and communication component on the prevention of AIDS and the management of obstetric emergencies; and the two models of ARH service delivery within the planned network of multi-purpose youth and community day-care centres. UNICEF will also use its development of the IMCI family and community module as a vehicle to enhance the response to AIDS, i.e the prevention and management of opportunistic infections, as well as to common childhood illnesses at the household level. Critical to this effort will be continued attempts to expand the ability of DHTs to support related interventions at the facility level and to link clinical care with community-based prevention by strengthening their capacity in disease surveillance and health service management.

Basic education

17. The two projects comprising the basic education programme, approved as part of the previous revised country programme, will be carried over for completion, serving as vehicles for introducing into the primary and secondary school curricula a revised life skills curriculum, with a stronger focus on AIDS prevention based on the UNFPA/UNESCO and UNICEF/Zimbabwe models. Basic education for the children of RADs will commission 10 new primary boarding school hostels; inaugurate a national community-based, pre-school programme; and introduce a revised culture- and gender-sensitive curriculum informed by the Convention. The basic education for pregnant students project will design and implement extension courses

for students on maternity leave; expand the life skills curriculum with parenting skills and guidance on coping with AIDS in school and at home; provide a full range of well-baby care and ARH services at the Diphalana Community Day Care Centre, in conjunction with the United Nations ARH project; and assist in the formulation of an enabling policy to support scaling-up to the national level.

Child protection

18. The child protection programme will focus on two high AIDS-related risk groups — orphans and out-of-school youth. The care for orphans project will establish a district-based national orphans registry; create a national database of best orphan care practices; complete the implementation and evaluation of at least two models of community-based orphan care; and assist in the formulation of a National Orphan Policy, based on the Convention, as well as in the development of a National Orphans Programme integrated with home-based care for HIV/AIDS patients. Support for the national youth programme will be provided by developing a standard package of activity and service modules. To sustain its advocacy for children's rights, UNICEF will also undertake to instill the principles of the Convention within Tswana society by assisting in its integration within the laws of Botswana; advocating the promotion of the Convention by the House of Chiefs and Parliament; and, as part of a collaborative United Nations effort, helping to strengthen Botswana's institutional capacity to report on its compliance with international Conventions.

Social mobilization

19. The social mobilization programme will mainly support the three previously cited programmes, grouping triple A at the community level and *Molaletsa* together. Use of the triple A approach will be expanded to develop the capacity of selected communities in the two pilot districts of Bobirwa and Kweneng in order to: identify and deal effectively with obstetric emergencies; prevent and provide early treatment of childhood illnesses; improve sanitation and hygiene practices; undertake a collective response to orphan care and AIDS prevention; and participate actively in their children's education. Initiated in the previous country programme, *Molaletsa* will: expand the geographic representation of participating companies; maintain an overall ratio of monetized value achieved to input costs of 5:1; support projects initiated by business and identify entry points for private sector partnerships in the health and child protection programmes; refine and publish *The Molaletsa Method and Best Practices* as a complement to recorded international best practices; and enlist private sector financial support for the future management of *Molaletsa*.

Programme monitoring and evaluation

20. An integrated monitoring and evaluation plan has been developed and will be updated annually. Progress reports will be prepared quarterly to monitor implementation of project plans of action (PPAs) and identify constraints to and opportunities for achievement. Targeted surveys will be conducted between January and August 2000 to fill existing information gaps in reporting on progress towards the end-decade goals. Building on the cumulative experience in project implementation generated by the annual reviews, end-of-programme performance assessments will be carried out in 2002 in collaboration with the Government and other participating partners.

Collaboration with other partners

21. UNICEF will strengthen its collaboration with other resident United Nations agencies in AIDS-related programming under the umbrella of the AIDS Theme Group. It will also continue its work with UNDP as a member of the National Reference Group for the second phase of the National Poverty Study, and with UNDP and WHO as a member of the National Reference Group for the Socio-Economic Impact of HIV/AIDS in Botswana. UNICEF will join UNDP, WHO and UNFPA in formulating the first Common Country Assessment and United Nations Development Assistance Framework. UNICEF will continue its efforts to collaborate with the health and gender sectors of the Southern African Development Community in addressing the transnational aspects of HIV/AIDS affecting women and children.

22. UNICEF will consolidate and expand its existing partnerships with business and civil society organizations at national and community levels in an effort to enlist the assistance of the private sector and international NGOs in strengthening the management capacity and sustainability of local NGOs.

Programme management

23. The Ministry of Finance and Development Planning will be responsible for approving the country programme on behalf of the Government of Botswana. All programme and project plans will designate officials from both the Government and UNICEF as principal programme/project managers, alternate managers and approving officers in the annual PPAs. Sectoral concerns will be taken up with the relevant line ministries through periodic technical reviews between government programme managers, UNICEF project officers and the corporate partners of *Molaletsa*.

TABLE

COUNTRY : BOTSWANA
PROGRAME : 2000-2002

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH	479,000			479,000	0	0	0	0	0	0	0	1	0	1	0	184,077	184,077
BASIC EDUCATION	348,000			348,000	0	0	0	0	0	0	0	1	0	1	0	153,792	153,792
CHILD PROTECTION	369,000			369,000	0	0	0	0	0	0	0	0	0	0	0	0	0
SOCIAL MOBILIZATION	366,000			366,000	0	0	0	0	0	0	0	1	0	1	0	127,476	127,476
CROSS-SECTORAL COSTS	511,000			511,000	0	0	0	0	0	0	0	1	5	6	0	389,726	389,726
TOTAL GR	2,073,000			2,073,000	0	0	0	0	0	0	0	4	5	9	0	855,071	855,071
SUPPLEMENTARY FUNDING :																	
HEALTH		0	725,000	725,000	0	0	0	0	0	0	0	1	0	1	0	153,792	153,792
BASIC EDUCATION		0	374,000	374,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION		0	490,000	490,000	0	0	0	0	0	0	0	1	0	1	0	153,792	153,792
SOCIAL MOBILIZATION		0	193,000	193,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	1,782,000	1,782,000	0	0	0	0	0	0	0	2	0	2	0	307,584	307,584
TOTAL GR & SF	2,073,000	0	1,782,000	3,855,000	0	0	0	0	0	0	0	6	5	11	0	1,162,655	1,162,655
SUPPORT BUDGET			Operating costs	562,400													
			Staffing		0	0	0	2	1	0	3	1	6	10	965,744	578,708	1,544,452
GRAND TOTAL (GR + SF + SB)					0	0	0	2	1	0	3	7	11	21	965,744	1,741,363	2,707,107
Number of posts and staff costs:																	
Current programme cycle											3	7	12	22			
At the end of proposed programme cycle (indicative only)											3	7	11	21	965,744	1,741,363	2,707,107

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.